



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Provider Meeting

Bureau of Developmental Services

February 2023

Topics for this Meeting

1. BDS Provider Updates
2. Cost of Care Policy
3. Question and Answer

BDS Updates for Providers



Provider Survey

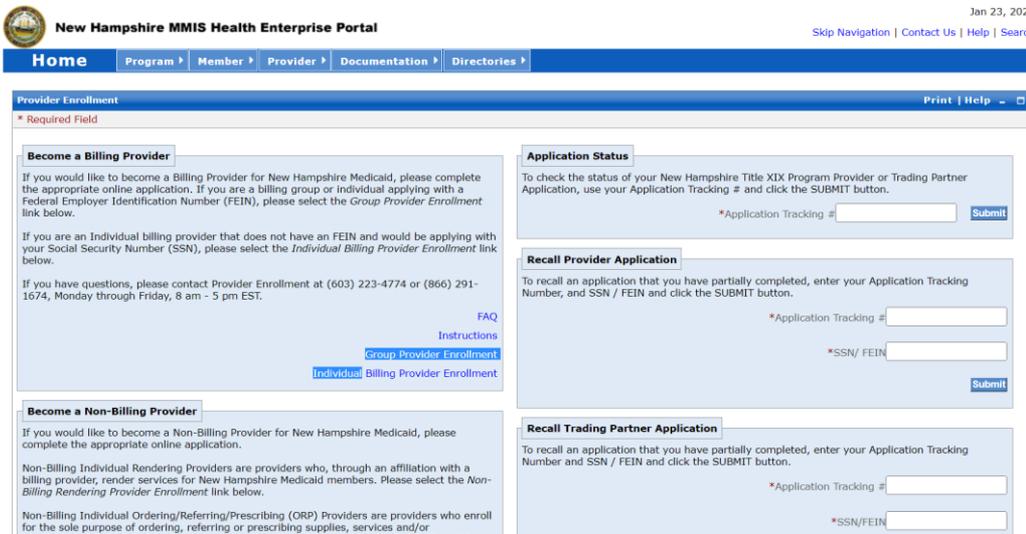
Provider Readiness Survey

BDS will use this information to inform policy, provide support, and deepen the Department's understanding of where providers currently are in the compliance process.

- 42 organizations have completed the readiness survey.
 - BDS has received a completed survey from each region.
 - 83% of survey participants have submitted applications to enroll.
- Survey deadline has been extended to EOD on Friday, February 24th.

Provider Enrollment

All providers providing services, including all Area Agencies, for individuals under the Developmental Disabilities (DD) Waiver, In-Home Supports (IHS) Waiver, and/or Acquired Brain Disorder (ABD) Waiver must be a Medicaid enrolled provider, whether they intend to bill directly or not.



Provider Enrollment Portal

<https://nhmmis.nh.gov/portals/wp/s/portal/ProviderEnrollment>

Conduent Provider Relations

Email Address:

nhproviderrelations@conduent.com

Office Phone: 1-866-291-1674

BDS and Conduent is actively reaching out to known providers who have not applied or may have an incomplete applications.

Delays in submitting your application may impact your ability to bill for services July 1, 2023.

Please get applications in as soon as possible!

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is a requirement under the 21st Century Cures Act. Under this act it must implement an electronic system to verify certain home and community-based services were delivered in order to continuing receiving federal financial support toward the cost of those services.

NH EVV Implementation

New Hampshire worked with our stakeholder community in the first half of 2020 to identify New Hampshire specific EVV design and program requirements. Those requirements were utilized to competitively procure the information system components needed to implement EVV.

NH has contracted with [First Data Government Solutions LP](#) to provide the EVV system and data aggregator. Implementation will begin in early 2023 and the EVV implementation timeline will be updated when available.

NH is planning to implement an Open Vendor EVV Design Model. This model gives flexibility to the State to contract with a single EVV vendor, but allows providers and MCOs to use other vendors. The State EVV system could be used by providers that do not have their own EVV solution and will aggregate EVV data from multiple sources for use prior to claims payment.

NH sought a [CMS good faith effort exemption for personal care services](#) to request to delay implementation until January 1, 2021, which was [approved on November 21, 2019](#). New Hampshire contracted with Mercer Health & Benefits LLC to assist with stakeholder engagement and identifying EVV business and systems requirements that were used as the foundation for the Request for Proposal (RFP) to procure EVV technology and services. This process took place in 2020.

In October 2022, NH submitted a [CMS good faith effort exemption for Home Health Care Services](#) that was [approved by CMS on December 1, 2022](#).

- [EVV Implementation Timeline](#)
- [List of Medicaid Services That Will Require EVV](#)
- [EVV Market Analysis Report](#)
- Family Friendly Documents (Thanks to NH Family Voices)
 - [What is EVV?](#)
 - [What do we mean by State Plan services?](#)

Stakeholder Engagement

New Hampshire is committed to the full involvement of recipients, family caregivers, providers and other stakeholders in the planning and implementation of EVV.

February 2023 - EVV Provider Survey - If your organization provides any of the services listed as requiring EVV, please complete the survey at the link below by February 24, 2023. This will assist DHHS in identifying provider contact information, training needs and how you currently capture EVV data or plan to in the future.

<https://www.surveymonkey.com/r/NHEVV>

2020 - Stakeholder meetings and surveys were held in 2020 to obtain feedback from the stakeholder community, identify best practices, and identify needs/requirements to implement EVV. Read the overview of the [EVV stakeholder engagement activities](#).

EVV Distribution List

If you would like to be included in the EVV distribution list, please send this information to EVV@dhhs.nh.gov:

- Name
- Identify your role in EVV (e.g., service recipient, service provider, advocacy group)
- Organization/Company you represent (if applicable)
- Email address

Website Link:

<https://www.dhhs.nh.gov/programs-services/adult-aging-care/electronic-visit-verification>

Pass Through Guidance

Pass Through Policy

- To minimize unnecessary administrative burden, BDS plans to utilize federal allowances for “pass through” payments for specific, non-direct care-based services
- Under the Organized Health Care Delivery (OHCDS) structure.
- For some services, like one-time services for home modifications, contractors complete the work, and requiring them to enroll as Medicaid providers would likely deter many providers of these services.
- To reduce the impact of access to services for individuals receiving waiver services, BDS has working with Conduent and DHHS provider enrollment to finalize guidance regarding these payments and which services would be eligible.
- Guidance will be sent out to all providers in the forthcoming weeks.

Pass Through Guidance

Pass Through Services

Rendering providers of the following services may enter into an agreement with an OHCDs to be the qualified provider and bill on their behalf:

- Assistive Technology
- Environmental and Vehicle Modifications (EMOD)
- Individual Goods & Services
- Crisis Response Services
- Non-Medical Transportation
- Personal Emergency Response System (PERS)
- Community Integration Services
- Respite
- Wellness Coaching
- Specialty Services

Rates for 7/1

As part of the Department of Health and Human Services (DHHS) FY24/25 agency phase budget request, DHHS had sought to keep service rates and funding levels current while seeking additional funds to pay for the changed role of Area Agencies through the Designated Area Agency Delivery System (DAADS) rate. The Governor's budget recommendation aligns with the Department's agency phase intentions.

Should the Governor's SFY 24/25 budget recommendation be approved and funded, it will:

- Eliminate the need to remove funding from current rates to fund DAADS activities.
- Provide an increase to service provider rates by keeping funds previously taken out of rates/budgets for Area Agency functions to stay with providers.
- Allow providers greater flexibility to operationalize the billing changes, including supporting use of a third-party trading partner if selected.

Cost of Care Policy



Cost of Care Contributions

Cost of Care contributions is the amount some participants are required to contribute to the cost of their total service care as established under He-M517.03(a)(5).

- Area Agencies, as the only current Medicaid-enrolled billing provider, collects the cost of care liability for all services. Further, under current MMIS operations, whichever Medicaid service for a participant is billed first is obligated the full Cost of Care amount.
- DHHS has reviewed both the Cost of Care operational process as well as re-evaluated who under the Developmental Disability and Acquired Brain Disorder Waivers will be required to contribute to the cost of care.

Cost of Care Policy

The Cost of Care policy outlines which waiver participants will be required to contribute to the cost of care as well as how cost of care will be obligated to the rendering service provider post July 1, 2023, as direct billing goes into effect.

- BDS plans to change Cost of Care to only apply to individuals residing in 24/7 Staffed or Enhanced Family Care settings
- This change should:
 1. Reduce the number of individuals paying cost of care
 2. Reduce the burden of all providers collecting cost of care
 3. Reduce challenges where cost of care was being assigned to the first billed claim
- The Cost of Care Policy can be found at <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdsmemococ.pdf>

Question and Answer



Question and Answer

- Responses to submitted questions from last meeting
 - FAQ will be shared with providers early next week
- Additional Question and Answer
- If you have additional questions, please submit them to BDS by March 15th.
 - These questions will be addressed at the next Provider Meeting or in an additional FAQ.

Responses to Submitted Questions

1. Service Vendors who choose to use a Trading partner for billing will most likely be charged a fee. How will this added expense be accounted for in rates?
2. How will crisis funding be managed?
3. What training will be provided for vendors and for Service Coordinators on the new PA process? What will the process be for authorization and notification following the “triggering” of the PA by the Service Coordinator adding a service to the ISA?
4. How has BDS planned for potential issues with Service Coordination turnover, training availability and development, and ISA timeliness?
5. We have heard that Area Agencies who use NH Leads will not be able to be trading partners as the billing system does not currently have capacity. What is the plan for this and how will vendors who do not wish to direct bill be affected due to choices of Area Agencies not being available?
6. Will there be complications if a vendor chooses a trading partner for billing, but that trading partner does not provide Service Coordination for that vendor.
7. Vendors need more guidance and training on various direct billing options to help vendors decide on which option to choose and plan for the resources (system, processes, staff etc.).

Additional Questions



BDS Team Leads Contact Information

- Sandy Feroz- sandy.l.feroz@dhhs.nh.gov
- Jessica Gorton- jessica.d.gorton@dhhs.nh.gov
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- Abigail Conger- abigail.p.conger@dhhs.nh.gov



Next Meeting
March 22, 2023
10-11:30 AM

Questions, Comments, or Concerns?